

FACT SHEET ON NEWBORN ENROLLMENTS

- Babies born to a Medicaid-enrolled mom at the time of birth are eligible for Medicaid for their first year of life. (Must apply before their first birthday for continued Medicaid coverage.)
- An application for the newborn is not required; however, the Department of Social Services (DSS) or the FAMIS Central Processing Unit (CPU) must be notified of the birth in order to enroll the baby into the VaMMIS system and assign the baby a Medicaid ID number. Birth can be reported by a knowledgeable person or can be reported by the hospital or MCO via submission of the 213 form. Information required includes child's name, date of birth, race and gender. Mother should also report the birth to the MCO under which she is enrolled.
- Baby's eligibility may be entered (by DSS) retroactively but *should* begin on the date of birth.
- If baby does NOT receive a Medicaid number, DMAS (fee-for-service) can NOT be billed for services. (In years past, claims could be billed under the mother's ID number but this is no longer allowed.)
- If the mom is enrolled in a Medicaid-contracted MCO on the date of birth, the MCO must cover the baby for the birth month plus 2 months. This is the rule for MCO-enrolled moms covered under Medicaid, FAMIS, or FAMIS MOMS.
- The MCO covers the birth month plus 2 months whether the baby obtains a Medicaid ID number or not.
- Mom has the right to change MCOs for the baby during those first 3 months; however, the change would normally not occur prior to month 3.
- The birth MCO covers the baby for the birth month plus 2 months, even if the mother changes **HER own** MCO assignment after the birth.
- In all cases, the MCO under which the baby is assigned from birth is responsible for coverage of the child's medical care for the birth month plus two months (unless the mother makes a change in MCOs during this period).
- If the physician on-call at the time of birth that treats the newborn in the hospital and any follow-up appointments for up to three calendar months

(birth month plus 2 months) is not in the MCO network (e.g. is non-par), until the health plan can transition the newborn to a network provider, the MCO is required to reimburse, in the absence of an agreement otherwise, at the Medicaid rate in place at the time the services were rendered.

- Historically, Medicaid members within the same case had similar Medicaid ID numbers (e.g. the first 9 digits the same). This is no longer the case and numbers for recipients within the same case can be significantly different.
- If a baby receives his Medicaid number during the first 3 months and is correctly assigned to the mother's case or has the correct mother's Medicaid ID number indicated, and mom was enrolled under Medicaid or FAMIS, then the system will auto-enroll the baby into the mother's MCO at birth from the birth date forward. (Babies born to FAMIS MOMS enrolled in a MCO are not systematically enrolled into the MCO at this time.)
- If the baby's enrollment is not entered until month 4 or afterwards, then the system assigns the baby to the mother's birth MCO from the date of birth through month 3. Month 4 will convert the baby back to fee-for-service and the child will re-enroll into the MCO through the systematic pre-assignment process.
- Recipients can change MCOs: (1) for up to 90 days after their initial enrollment;
(2) during their annual open enrollment period (the time frames of which are established by regions); or,
(3) if they request a change "for cause" and the request is approved by DMAS.
- Recipients may NOT have other comprehensive insurance and be enrolled in a Medicaid-contracted MCO. If they are found to have dual coverage then DMAS needs to be notified of the other coverage information (to include policy name, policy number, policyholder's name, effective date of the policy, and phone number for the company (if available)). The MCO will coordinate benefits until the system removes the child from MCO enrollment.
- Providers should verify eligibility and enrollment status at each point of care. If they know the mother's type of coverage at birth then they will know who will be responsible for coverage of the baby for the first 3 months (unless a change in MCOs is made by the mother).

- Providers of expectant mothers should reinforce the necessity of contacting DSS or the FAMIS CPU to provide notification of the birth, and in contacting their MCO regarding network providers or PCPs for the baby's care.
- On rare occasions, a mother may be retro-disenrolled from the MCO for various reasons. In cases such as this, the baby may also be retro-disenrolled from the MCO if mom was not with the MCO at birth.
- DMAS currently contracts with six MCOs:
 - Anthem HealthKeepers Plus
 - CareNet/Southern Health
 - Amerigroup Community Care
 - Virginia Premier Health Plan
 - Optima Family Care
 - MajestaCare
- Any questions regarding a newborn's enrollment or coverage should be directed to either the Managed Care Helpline 1-800-643-2273 or directly to the mother's health plan.